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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |   |
|-----|--|--|---|---|
|     |  | About Debtor 1:  |   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Carisa First name  J. Middle name  Summerville  Last name and Suffix (Sr., Jr., II, III) | - | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Carisa J. Sydnor<br>Carisa J Sydnor-Summerville  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-3336  |   |   |

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Case number (if known)

Debtor 1 Carisa J. Summerville

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  | 8722 S. May St.   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | Chicago, IL 60620  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Cook  | County   |  |  |  |
|  |   | County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

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Debtor 1 Carisa J. Summerville

| ⊃ar | t 2: Tell the Court About   | our B  | ankruptcy Ca  | se                                  |   |   |     |  |
|-----|---|--|---|-------------------------------------|---|---|-----|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7 |   |                                     |   |   |     |  |
|     | choosing to file under  |  |   |                                     |   |   |     |  |
|     |   | □ Cl   | hapter 11   |                                     |   |   |     |  |
|     |   | □ Cl   | hapter 12   |                                     |   |   |     |  |
|     |   | □ Cl   | hapter 13   |                                     |   |   |     |  |
|     |   |  |   |                                     |   |   |     |  |
| 3.  | How you will pay the fee  | _  | about how yo  | u may pay. Ty<br>attorney is sub    | pically, if you are paying the fee y  | ck with the clerk's office in your local court for more deta<br>ourself, you may pay with cash, cashier's check, or mon<br>aalf, your attorney may pay with a credit card or check w      | ey  |  |
|     |   |  |   |                                     | stallments. If you choose this optints (Official Form 103A).  | on, sign and attach the Application for Individuals to Pay  | /   |  |
|     |   |  | but is not req<br>applies to you  | uired to, waive<br>ur family size a | your fee, and may do so only if your fee, and may do so only if young you are unable to pay the fee | on only if you are filing for Chapter 7. By law, a judge ma<br>our income is less than 150% of the official poverty line t<br>n installments). If you choose this option, you must fill o | hat |  |
|     |   |  | the Application   | on to Have the                      | Chapter 7 Filing Fee Waived (Offi   | cial Form 103B) and file it with your petition.   |     |  |
| ).  | Have you filed for bankruptcy within the  | ■ No   |   |                                     |   |   |     |  |
|     | last 8 years?   | ☐ Ye   |   |                                     | <b>14</b> 0   |   |     |  |
|     |   |  | District  |                                     | When  | Case number   |     |  |
|     |   |  | District  |                                     | When<br>When  | Case number Case number   |     |  |
|     |   |  | District  |                                     | www.  | Case Humber   |     |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No   | )   |                                     |   |   |     |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye   | S.  |                                     |   |   |     |  |
|     |   |  | Debtor  |                                     |   | Relationship to you   |     |  |
|     |   |  | District  |                                     | When  | Case number, if known   |     |  |
|     |   |  | Debtor  |                                     |   | Relationship to you   |     |  |
|     |   |  | District  |                                     | When  | Case number, if known   |     |  |
| 11. | Do you rent your residence?   | ■ No   | Go to I   | ine 12.                             |   |   |     |  |
|     |   | ☐ Ye   | es. Has yo  | ur landlord ob                      | tained an eviction judgment again   | st you?   |     |  |
|     |   |  |   | No. Go to line                      | <del>2</del> 12.  |   |     |  |
|     |   |  | Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file in<br>this bankruptcy petition. |                                     |   |   |     |  |

| Debtor 1 |                                | Carisa J. Summerville  |             | Doc 1      | Filed 07/11/18<br>Document | Desc Main |  |
|----------|--------------------------------|--|-------------|------------|----------------------------|-----------|--|
| Par      | t 3:                           | Report About Any Bu  | ısinesses ' | You Own as | a Sole Proprietor          |           |  |
| 12.      | of ar                          | you a sole proprietor<br>ny full- or part-time<br>ness?  | ■ No.       | Go to Pa   | rt 4.                      |           |  |
|          |                                |  | ☐ Yes.      | Name an    | d location of business     |           |  |
|          | busir<br>an in<br>sepa<br>as a | e proprietorship is a<br>ness you operate as<br>dividual, and is not a<br>rate legal entity such<br>corporation,<br>nership, or LLC. |             |            | business, if any           |           |  |
|          | ,                              | have more than one proprietorship, use a   |             | Number,    | Street, City, State & ZIP  | Code      |  |

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

13. Are you filing under Chapter 11 of the **Bankruptcy Code and are** you a small business debtor?

separate sheet and attach

it to this petition.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

I am not filing under Chapter 11. ■ No.

None of the above

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No.

☐ Yes.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

#### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Carisa J. Summerville

Case number (if known)

Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Carisa J. Summerville Document Page 6 of 52 Case number (if known)

| Par | t 6: Answer These Quest  | ions for R   | eporting Purposes  |   |   |  |  |  |  |  |
|-----|--|--|--|---|---|--|--|--|--|--|
| 16. | What kind of debts do you have?  | 16a.   |  | consumer debts? Consumer debts are detreaded resonal, family, or household purpose."  | fined in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |  |  |
|     |  |  | ☐ No. Go to line 16b.  |   |   |  |  |  |  |  |
|     |  |  | Yes. Go to line 17.  |   |   |  |  |  |  |  |
|     |  | 16b.   | 6b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |   |  |  |  |  |  |
|     |  |  | □ No. Go to line 16c. □ Yes. Go to line 17.  |   |   |  |  |  |  |  |
|     |  |  |  |   |   |  |  |  |  |  |
|     |  | 16c.   | State the type of debts you  | owe that are not consumer debts or busine   | ess debts   |  |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?   | □ No.  | I am not filing under Chapte   | er 7. Go to line 18.  |   |  |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and   | ■ Yes.   |  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |   |  |  |  |  |  |
|     | administrative expenses are paid that funds will   |  | No   |   |   |  |  |  |  |  |
|     | be available for distribution to unsecured creditors?  |  | ☐ Yes  |   |   |  |  |  |  |  |
| 18. | •  | <b>1</b> -49   |  | □ 1,000-5,000   | □ 25,001-50,000   |  |  |  |  |  |
|     | you estimate that you owe?   | □ 50-99  |  | ☐ 5001-10,000<br>☐ 40,004,05,000  | □ 50,001-100,000  |  |  |  |  |  |
|     |  | ☐ 100-1<br>☐ 200-9   |  | □ 10,001-25,000   | ☐ More than100,000  |  |  |  |  |  |
| 19. | How much do you  | □ \$0 - \$50,000   |  | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |  |  |  |  |  |
|     | estimate your assets to be worth?  |  | 01 - \$100,000   | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million   | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |  |  |  |  |  |
|     |  |  | 001 - \$500,000<br>001 - \$1 million   | □ \$100,000,001 - \$100 million   | ☐ More than \$50 billion  |  |  |  |  |  |
| 20. | How much do you estimate your liabilities  | □ \$0 - \$   | ,  | □ \$1,000,001 - \$10 million  | \$500,000,001 - \$1 billion   |  |  |  |  |  |
|     | to be?   |  | 001 - \$100,000<br>001 - \$500,000   | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million  | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                      |  |  |  |  |  |
|     |  |  | 001 - \$500,000<br>001 - \$1 million   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |  |  |  |  |  |
| Par | t 7: Sign Below  |  |  |   |   |  |  |  |  |  |
| For | you  | I have ex  | amined this petition, and I de   | eclare under penalty of perjury that the infor  | mation provided is true and correct.  |  |  |  |  |  |
|     |  |  |  | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I c  |   |  |  |  |  |  |
|     |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |   |  |  |  |  |  |
|     | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |  |  |   |   |  |  |  |  |  |
|     |  | bankrupto<br>and 3571  | cy case can result in fines up   | at, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20  | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |  |
|     |  |  | sa J. Summerville<br>J. Summerville  | Signature of Debte  | or 2  |  |  |  |  |  |
|     |  |  | e of Debtor 1  | gaaaaa.   |   |  |  |  |  |  |
|     |  | Executed   |  | Executed on   |   |  |  |  |  |  |
|     |  |  | MM / DD / YYYY   | M   | M / DD / YYYY   |  |  |  |  |  |

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Debtor 1 Carisa J. Summerville

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

| /s/ David M. Siegel                    | Date          | July 11, 2018  |
|--|---------------|----------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY |
| David M. Siegel                        |               |                |
| Printed name                           |               |                |
| David M. Siegel & Associates           |               |                |
| Firm name                              |               |                |
| 790 Chaddick Drive                     |               |                |
| Wheeling, IL 60090                     |               |                |
| Number, Street, City, State & ZIP Code |               |                |
| Contact phone (847) 520-8100           | Email address |                |
| #06207611 IL                           |               |                |
| Bar number & State                     |               |                |

|                    |                          | Docume            | ent Page 8 of 52 |                                      |
|--------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your  | case:             |                  |                                      |
| Debtor 1           | Carisa J. Summe          | rville            |                  |                                      |
|                    | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2           |                          |                   |                  |                                      |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number        |                          |                   |                  |                                      |
| if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  | Your a      | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 99,000.00                 |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 5,050.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 104,050.00                |
| Par | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 100,000.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 14,364.00                 |
|     | Your total liabilities   | \$          | 114,364.00                |
| Par | t3: Summarize Your Income and Expenses   |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 5,307.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 5,307.00                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a persona   | , family, or              |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11: <b>OR</b> . Form 122B Line 11: <b>OR</b> . Form 122C-1 Line 14.                              |

6,550.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| From Fart 4 on Schedule E/F, copy the following.   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                     | (  | Case 18-19408  | Doc 1                              | Filed 07/11/                                  | 18 Entered 07/11<br>Page 10 of 52  | /18 13:25:27   | Desc                 | Main   |   |
|---------------------|--|--|------------------------------------|---|--|--|----------------------|--|---|
| Fill                | in this inf                                | ormation to identify yo  | ur case and tl                     |   | 171111.  |  |                      |  |   |
| Deb                 | otor 1                                     | Carisa J. Sumr   | nerville                           |   |  |  |                      |  |   |
|                     |  | First Name   | Middl                              | e Name  | Last Name  |  |                      |  |   |
|                     | otor 2<br>use, if filing)                  | First Name   | Middl                              | e Name  | Last Name  |  |                      |  |   |
|                     |  |  |                                    |   |  |  |                      |  |   |
| Unii                | ted States                                 | Bankruptcy Court for the   | : NORTHER                          | RN DISTRICT OF I                              | LLINOIS  |  |                      |  |   |
| Cas                 | se number                                  |  |                                    |   |  |  |                      | Check if this is an                              | J |
|                     |  |  |                                    |   |  |  |                      | amended filing                                   |   |
|                     |  |  |                                    |   |  |  |                      |  |   |
| )f                  | ficial F                                   | orm 106A/B   |                                    |   |  |  |                      |  |   |
| Sc                  | chedu                                      | ıle A/B: Pro   | pertv                              |   |  |  |                      | 12/15  |   |
| nink<br>nfor<br>nsv | t fits best<br>mation. If n<br>wer every q | <ul> <li>Be as complete and acc<br/>nore space is needed, atta<br/>uestion.</li> </ul> | urate as possib<br>ch a separate s | le. If two married pe<br>heet to this form. O | If an asset fits in more than o<br>ople are filing together, both a<br>n the top of any additional pag | are equally responsible  | e for supp           | lying correct                                    |   |
|                     |  |  |                                    |   |  |  |                      |  | _ |
| . Do                | o you own                                  | or have any legal or equita  | able interest in a                 | any residence, build                          | ing, land, or similar property?  |  |                      |  |   |
|                     | No. Go to                                  | Part 2.  |                                    |   |  |  |                      |  |   |
|                     | Yes. Whe                                   | re is the property?  |                                    |   |  |  |                      |  |   |
|                     |  |  |                                    |   |  |  |                      |  |   |
|                     |  |  |                                    |   |  |  |                      |  |   |
| 1.1                 | 0722 S                                     | Mov St   |                                    | What is the prop                              | erty? Check all that apply   |  |                      |  |   |
|                     | 8722 S<br>Street addre                     | ess, if available, or other descrip  | ion                                | Single-far                                    | -  | Do not deduct secured claims or exemption the amount of any secured claims on Sche |                      |  |   |
|                     |  |  |                                    | Condomir                                      | multi-unit building ium or cooperative   |  | Secured by Property. |  |   |
|                     |  |  |                                    |   | ium or cooperative   |  |                      |  |   |
|                     |  |  |                                    | ☐ Manufact                                    | ired or mobile home  | Current value of   | the                  | Current value of the                             |   |
|                     | Chicago                                    | D IL 6   | 0620-0000                          | Land  |  | entire property?   |                      | portion you own?                                 |   |
|                     | City                                       | State  | ZIP Code                           | ☐ Investmer ☐ Timeshar                        | t property   | \$99,000   | 0.00                 | \$99,000.00                                      | _ |
|                     |  |  |                                    | Other   | <del>;</del>   |  |                      | r ownership interest<br>cy by the entireties, or |   |
|                     |  |  |                                    |   | rest in the property? Check one  | a life estate), if k   |                      | cy by the enthenes, or                           |   |
|                     |  |  |                                    | Debtor 1                                      | only   | Fee simple   |                      |  |   |
|                     | Cook                                       |  |                                    | Debtor 2                                      | only   |  |                      |  |   |
|                     | County                                     |  |                                    |   | and Debtor 2 only  |  |                      | unity property                                   |   |
|                     |  |  |                                    |   | ne of the debtors and another on you wish to add about this i  | (see instruction   | s)                   |  |   |
|                     |  |  |                                    | property identifi                             |  | nem, such as local   |                      |  |   |
|                     |  |  |                                    |   |  |  |                      |  |   |
|                     |  |  |                                    |   |  |  |                      |  | - |
| _                   |  |  |                                    |   |  |  |                      |  | ٦ |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$99,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known) Document Debtor 1 Carisa J. Summerville 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Cobalt Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2008 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$2,300.00 \$2,300.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$2,300.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... **Household Goods & Furniture** \$1,000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TV & Electronics \$650.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

■ No

☐ Yes. Describe.....

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

Nο

|              | Case                             | 18-19408                            | Doc 1            | Filed 07/11/18   | Entered 07/11/18 13:25:27   | Desc Main   |
|--------------|----------------------------------|-------------------------------------|------------------|--|---|---|
| Debtor 1     | Carisa                           | J. Summervill                       | е                | Document   | Page 12 of 52 Case number (if known)  |   |
| ☐ Ye         | s. Describe                      |                                     |                  |  |   |   |
| □ No         | mples: Every                     | •                                   | , leather coats  | s, designer wear, shoes  | accessories   |   |
|              |                                  | Norma                               | l Clothes        |  |   | \$1,000.00  |
|              |                                  |                                     |                  |  |   |   |
| ■ No         | mples: Every                     |                                     | tume jewelry, (  | engagement rings, wed  | ding rings, heirloom jewelry, watches, gems,  | gold, silver  |
| Exal<br>■ No |                                  | cats, birds, hors                   | es               |  |   |   |
| ■ No         |                                  | nal and househ                      | -                | u did not already list, i  | ncluding any health aids you did not list   |   |
|              |                                  |                                     |                  | om Part 3, including a   | ny entries for pages you have attached  | \$2,650.00  |
| Part 4:      | Describe Your                    | Financial Assets                    |                  |  |   |   |
| Do you       | own or have                      | any legal or eq                     | uitable intere   | est in any of the follow   | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No         | mples: Money                     |                                     |                  | our home, in a safe depo   | osit box, and on hand when you file your peti   | ion   |
|              | institu                          | king, savings, or                   |                  | I accounts; certificates of counts with the same ins                   | of deposit; shares in credit unions, brokerage<br>titution, list each.                | houses, and other similar   |
|              | S                                |                                     |                  | Institution r  | name:   |   |
|              |                                  | 17.1.                               | Checking         | Chase Ba   | nk  | \$100.00  |
| _Exa         | mples: Bond                      | unds, or publicl<br>funds, investme |                  | :ks<br>ith brokerage firms, mor  | ney market accounts   |   |
| ■ No<br>□ Ye | S                                | I                                   | nstitution or is | ssuer name:  |   |   |
| join         | t venture                        | ded stock and i                     | nterests in in   | corporated and uninco  | orporated businesses, including an intere   | st in an LLC, partnership, and  |
| ■ No<br>□ Ye |                                  | ific information a                  | bout them        |  |   |   |
| 0            | opo0                             |                                     | e of entity:     |  | % of ownership:   |   |
| Neg          | otiable instru<br>-negotiable ir | <i>ment</i> s include pe            | ersonal checks   | negotiable and non-not s, cashiers' checks, protot transfer to someone | egotiable instruments missory notes, and money orders. by signing or delivering them. |   |
|              |                                  | fic information a                   | bout them        | Oak adula A/D 5  | Dec. 11 - 14 - 14 - 14 - 14 - 14 - 14 - 14  |   |
| Official Fo  | orm 106A/B                       |                                     |                  | Schedule A/B: F  | roperty   | page 3  |

Debtor 1

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Case number (if known) Document Carisa J. Summerville Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Beneficiary:

■ No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

□ No

Yes. Name the insurance company of each policy and list its value.

Company name:

Surrender or refund value:

page 4

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Case number (if known)

Document Debtor 1 Carisa J. Summerville

| Term Life Insurance Death Benefit Only   | \$0.00                |
|--|-----------------------|
| 32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to rec someone has died.  ■ No  □ Yes. Give specific information | eive property because |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue  |                       |
| ☐ Yes. Describe each claim   |                       |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to ■ No □ Yes. Describe each claim  | o set off claims      |
| 35. Any financial assets you did not already list  ■ No □ Yes. Give specific information   |                       |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here  | \$100.00              |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.   |                       |
| 37. Do you own or have any legal or equitable interest in any business-related property?   |                       |
| ■ No. Go to Part 6.  |                       |
| ☐ Yes. Go to line 38.  |                       |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.  |                       |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  |                       |
| ■ No. Go to Part 7.  |                       |
| ☐ Yes. Go to line 47.  |                       |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above   |                       |
| 53. Do you have other property of any kind you did not already list?<br>Examples: Season tickets, country club membership  |                       |
| ■ No   |                       |
| ☐ Yes. Give specific information   |                       |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here  | \$0.00                |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 Carisa J. Summerville

|      |  |            | ,                            |              |
|------|--|------------|------------------------------|--------------|
| Part | 8: List the Totals of Each Part of this Form                 |            |                              |              |
| 55.  | Part 1: Total real estate, line 2                            |            |                              | \$99,000.00  |
| 56.  | Part 2: Total vehicles, line 5                               | \$2,300.00 |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,650.00 |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$100.00   |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$5,050.00 | Copy personal property total | \$5,050.00   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |            |                              | \$104,050.00 |

Official Form 106A/B Schedule A/B: Property page 6

|                     |                          | IAMAIIII.         |             |                                    |
|---------------------|--------------------------|-------------------|-------------|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |             |                                    |
| Debtor 1            | Carisa J. Summe          | rville            |             |                                    |
|                     | First Name               | Middle Name       | Last Name   |                                    |
| Debtor 2            |                          |                   |             |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                    |
| Case number         |                          |                   |             |                                    |
| (if known)          |                          |                   |             | Check if this is an amended filing |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|---|--------------------------------------|-----------------------------------|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |
| 8722 S May St. Chicago, IL 60620<br>Cook County                                     | \$99,000.00                          |                                   | \$15,000.00   | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: 1.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2008 Chevrolet Cobalt Line from Schedule A/B: 3.1                                   | \$2,300.00                           |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Ellie Helli Gerredale 772. G.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Goods & Furniture Line from Schedule A/B: 6.1                             | \$1,000.00                           |                                   | \$1,000.00  | 735 ILCS 5/12-1001(b)              |
| Zino nomi Gonegalo 702. eri   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| TV & Electronics Line from Schedule A/B: 7.1  | \$650.00                             |                                   | \$650.00  | 735 ILCS 5/12-1001(b)              |
| Ellie Holli Golliddio 772. FFI  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Normal Clothes Line from Schedule A/B: 11.1   | \$1,000.00                           |                                   | \$1,000.00  | 735 ILCS 5/12-1001(a)              |
| Ello IIom Johodalo FVD. 1111  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 18-19408 Filed 07/11/18 Entered 07/11/18 13:25:27 Document Page 17 of 52 Debtor 1 Carisa J. Summerville Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Chase Bank** 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Term Life Insurance** 215 ILCS 5/238 \$0.00 \$0.00 **Death Benefit Only** Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Doc 1

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
  - No
  - Yes

Desc Main

|  |                                     | Document  | Page 18           | 3 of 52   |  |                          |
|--|-------------------------------------|---|-------------------|---|--|--------------------------|
| Fill in this inforn                          | nation to identify you              | r case:   |                   |   |  |                          |
| Debtor 1                                     | Carisa J. Summ                      | erville   |                   |   |  |                          |
|  | First Name                          | Middle Name   | Last Name         |   |  |                          |
| Debtor 2<br>(Spouse if, filing)              | First Name                          | Middle Name   | Last Name         |   |  |                          |
|  |                                     |   |                   |   |  |                          |
| United States Bar                            | nkruptcy Court for the:             | NORTHERN DISTRICT OF IL   | LINOIS            |   |  |                          |
| Case number _                                |                                     |   |                   |   | ☐ Check  | if this is an            |
|  |                                     |   |                   |   | amend  | ded filing               |
| Official Form                                | 106D                                |   |                   |   |  |                          |
|  |                                     | Who Hove Claims   | Coouma            | d by Dranaut  |  | 4044                     |
| schedule                                     | D: Creditors                        | Who Have Claims   | Secured           | a by Property   | <u>y</u>   | 12/15                    |
|  |                                     | If two married people are filing toget<br>out, number the entries, and attach it          |                   |   |  |                          |
| . Do any creditors                           | have claims secured by              | your property?  |                   |   |  |                          |
| ☐ No. Check                                  | this box and submit th              | nis form to the court with your othe  | r schedules. Y    | ou have nothing else to                                 | o report on this form.                             |                          |
| Yes. Fill in                                 | all of the information b            | pelow.  |                   |   |  |                          |
| Part 1: List Al                              | I Secured Claims                    |   |                   |   |  |                          |
| 2. List all secured                          | claims. If a creditor has n         | nore than one secured claim, list the cre   | editor separately | Column A  | Column B   | Column C                 |
|  |                                     | a particular claim, list the other creditor<br>cal order according to the creditor's name |                   | Amount of claim  Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion If any |
| 2.1 Wells Far<br>Mortgage                    |                                     | Describe the property that secures  | the claim:        | \$100,000.00  | \$99,000.00  | \$1,000.00               |
| Creditor's Name                              |                                     | 8722 S May St. Chicago, IL  | 60620             |   |  |                          |
| Attn: Ban<br>Departme                        |                                     | Cook County   |                   |   |  |                          |
| •  | ecoach Circle                       | As of the date you file, the claim is: apply.   | : Check all that  |   |  |                          |
| Frederick                                    | , MD 21701                          | ☐ Contingent  |                   |   |  |                          |
| Number, Street                               | , City, State & Zip Code            | ☐ Unliquidated  |                   |   |  |                          |
| Who owes the de                              | bt? Check one.                      | ■ Disputed  Nature of lien. Check all that apply.   |                   |   |  |                          |
| ■ Debtor 1 only                              |                                     | ☐ An agreement you made (such as  | mortgage or sec   | cured   |  |                          |
| ☐ Debtor 2 only                              |                                     | car loan)   |                   |   |  |                          |
| Debtor 1 and De                              | ebtor 2 only                        | ☐ Statutory lien (such as tax lien, me  | echanic's lien)   |   |  |                          |
| ☐ At least one of the                        | ne debtors and another              | ☐ Judgment lien from a lawsuit  |                   |   |  |                          |
| ☐ Check if this cl<br>community de           |                                     | Other (including a right to offset)   | Mortgage          |   |  |                          |
| Date debt was inci                           | urred                               | Last 4 digits of account num  | nber              |   |  |                          |
|  | <u> </u>                            |   |                   |   |  |                          |
|  |                                     |   |                   |   | 1  |                          |
|  |                                     | olumn A on this page. Write that nun<br>the dollar value totals from all pages            |                   | \$100,00  |  |                          |
| Write that number                            |                                     | ine donar value totals from all pages   | ·•                | \$100,00  | 0.00   |                          |
| Part 2: List Oth                             | ners to Be Notified fo              | r a Debt That You Already Listed  | 4                 |   |  |                          |
|  |                                     | e notified about your bankruptcy for  |                   | already listed in Part 1                                | For example, if a collect                          | tion agency is           |
| trying to collect fro<br>than one creditor f | om you for a debt you o             | we to someone else, list the creditor you listed in Part 1, list the addition:            | in Part 1, and tl | hen list the collection ag                              | gency here. Similarly, if                          | you have more            |
|  | car or oabilit til                  | F9 <del></del> -  |                   |   |  |                          |
|  | ber, Street, City, State & 2        | ·   | On whice          | ch line in Part 1 did you er                            | nter the creditor? 2.1                             |                          |
|  | Vells Fargo Home I<br>cy Department | wortgage)   | l ast 4 o         | digits of account number _                              |  |                          |
| PO Box 1                                     |                                     |   | Last 4 (          | go or account number _                                  | _  |                          |

Des Moines, IA 50306

|  | 2000 10 10 10 10   | Document   | Page 19                      | 9 of 52  | Zi Bese Maii  |
|--|--|--|------------------------------|--|---|
| Fill in this info  | ormation to identify your  |  |                              |  |   |
| Debtor 1   | Carisa J. Summer   | rville   |                              |  |   |
| Debier 1   | First Name   | Middle Name  | Last Name                    |  |   |
| Debtor 2   |  |  |                              |  |   |
| (Spouse if, filing)  | First Name   | Middle Name  | Last Name                    |  |   |
| United States E  | Bankruptcy Court for the:  | NORTHERN DISTRICT OF ILLI  | INOIS                        |  |   |
| Case number  |  |  |                              |  |   |
| (if known)   |  |  |                              |  | ☐ Check if this is an   |
|  |  |  |                              |  | amended filing  |
|  | rm 106E/F<br>E/F: Creditors W  | /ho Have Unsecured (   | Claims                       |  | 12/15   |
| Schedule G: Exe<br>Schedule D: Cre<br>eft. Attach the C<br>name and case r | cutory Contracts and Unexp<br>ditors Who Have Claims Sec                         | ired Leases (Official Form 106G). Do<br>ured by Property. If more space is note.<br>If you have no information to repo           | not include<br>eeded, copy t | any creditors with partially se<br>the Part you need, fill it out, n | roperty (Official Form 106A/B) and on<br>ecured claims that are listed in<br>number the entries in the boxes on the<br>op of any additional pages, write your |
|  | litors have priority unsecure  |  |                              |  |   |
| ■ No. Go to  | o Part 2.  |  |                              |  |   |
| ☐ Yes.   |  |  |                              |  |   |
|  | All of Your NONPRIORIT   | Y Unsecured Claims   |                              |  |   |
| 3. Do any cred   | litors have nonpriority unsec  | cured claims against you?  |                              |  |   |
| ☐ No. You  | have nothing to report in this p   | art. Submit this form to the court with y  | our other sche               | edules.  |   |
| Yes.   |  |  |                              |  |   |
| unsecured c  | laim, list the creditor separately   | aims in the alphabetical order of the<br>y for each claim. For each claim listed,<br>ist the other creditors in Part 3.If you ha | identify what t              | ype of claim it is. Do not list clai                                 | ims already included in Part 1. If more   |
|  |  |  |                              |  | Total claim   |
| 4.1 <b>AMEX</b>  | (  | Last 4 digits of acco  | unt number                   | 5273   | \$1,882.00  |
| Bankı<br>PO Bo   | ority Creditor's Name ruptcy Department ox 981535                                | When was the debt i  | ncurred?                     | Opened 01/17 Last A 6/24/18  | active  |
| Number   | so, TX 79998-1535<br>r Street City State Zlp Code<br>curred the debt? Check one. | As of the date you fil   | le, the claim i              | s: Check all that apply  |   |
| ■ Deb  | tor 1 only   | ☐ Contingent   |                              |  |   |
| ☐ Deb  | tor 2 only   | ☐ Unliquidated   |                              |  |   |
| ☐ Deb  | tor 1 and Debtor 2 only  | ☐ Disputed   |                              |  |   |
| ☐ At le  | east one of the debtors and and  | other Type of NONPRIORI  | TY unsecured                 | d claim:   |   |
| ☐ Che  | ck if this claim is for a com  | munity   |                              |  |   |
| debt<br>Is the c   | laim subject to offset?  | Obligations arising report as priority claim   |                              | ration agreement or divorce that                                     | at you did not  |
| ■ No   |  | ☐ Debts to pension of  | or profit-sharin             | g plans, and other similar debts                                     | s   |
| ☐ Yes  |  | Other. Specify   | urchases                     |  |   |

Page 20 of 52 Case number (if know) Document Debtor 1 Carisa J. Summerville 4.2 \$2,245.00 Cap One Last 4 digits of account number 1181 Nonpriority Creditor's Name Opened 02/17 Last Active 15000 Capital One Dr When was the debt incurred? 6/17/18 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Purchases** Other. Specify 4.3 **Capital One** 3712 Last 4 digits of account number \$211.00 Nonpriority Creditor's Name Opened 06/15 Last Active 15000 Capital One Dr When was the debt incurred? 6/02/18 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Purchases 4.4 **CB/Carsons** Last 4 digits of account number 5870 \$94.00 Nonpriority Creditor's Name Opened 11/14 Last Active PO Box 182789 When was the debt incurred? 6/18/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Purchases ☐ Yes

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Page 21 of 52 Case number (if know) Document Debtor 1 Carisa J. Summerville 4.5 \$262.00 CB/Overstock Last 4 digits of account number 6704 Nonpriority Creditor's Name Opened 01/18 Last Active PO Box 182120 When was the debt incurred? 5/25/18 Columbus, OH 43218-2120 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Purchases** Other. Specify 4.6 **CB/Zales** Last 4 digits of account number 3261 \$123.00 Nonpriority Creditor's Name Opened 12/14 Last Active Po Box 182120 When was the debt incurred? 5/25/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Purchases 4.7 **Chase Card** Last 4 digits of account number 7727 \$2.808.00 Nonpriority Creditor's Name Opened 08/17 Last Active Po Box 15298 5/25/18 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Purchases

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Page 22 of 52 Case number (if know) Document Debtor 1 Carisa J. Summerville 4.8 \$1,971.00 **Chase Card** Last 4 digits of account number 7346 Nonpriority Creditor's Name Opened 09/14 Last Active Po Box 15298 When was the debt incurred? 6/15/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Purchases** Other. Specify 4.9 **EMP of Chicago, LLC** 4350 Last 4 digits of account number \$896.00 Nonpriority Creditor's Name When was the debt incurred? 4535 Dressler Road NW **Opened 02/18** Canton, OH 44718 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections 4.1 \$131.00 Kohl/Capital One 5389 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 12/15 Last Active PO Box 3115 When was the debt incurred? 6/08/18 Milwaukee, WI 53201-3115 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only

☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ No

☐ Yes

■ Other. Specify Purchases

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Document Page 23 of 52 Debtor 1 Carisa J. Summerville ase number (if know) 4.1 \$896.00 **Pendrick Capital Partners** Last 4 digits of account number Nonpriority Creditor's Name 4500 E. Cherry Creek South Dr. When was the debt incurred? **Denver, CO 80246** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.1 Sears/CBNA 6964 \$176.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/13 Last Active P.O. BOX 6282 When was the debt incurred? 6/14/18 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Purchases** Other. Specify 4.1 SYNCB/AMAZON PLCC \$665.00 7453 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 07/14 Last Active PO Box 965015 When was the debt incurred? 6/10/18 Orlando, FL 32896-5015 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed

Official Form 106 E/F

debt

■ No ☐ Yes Type of NONPRIORITY unsecured claim:

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

**Purchases** 

☐ Student loans

Other. Specify

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

| Debt         | Case 18-19408 Doc 1  Carisa J. Summerville                           |  | ed 07/11/18 13:25:27 Desc<br>4 of 52<br>Case number (if know) | Main           |
|--------------|--|--|---|----------------|
| 4.1<br>4     | Syncb/Car Care Disc Tire   | Last 4 digits of account number                              | 5980  | \$123.00       |
| <del>-</del> | Nonpriority Creditor's Name C/O P.O BOX 965001 Orlando, FL 32896     | When was the debt incurred?                                  | Opened 12/16 Last Active 6/09/17                              | ·              |
|              | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                                      |                |
|              | Debtor 1 only  | ☐ Contingent   |   |                |
|              | Debtor 2 only  | ☐ Unliquidated   |   |                |
|              | ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |                |
|              | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:  |                |
|              | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |                |
|              | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not                 |                |
|              | ■ No   | Debts to pension or profit-sharin                            | ng plans, and other similar debts                             |                |
|              | Yes  | Other. Specify Purchases                                     |   |                |
| 4.1          | SYNCB/Old Navy   | Last 4 digits of account number                              | 8737  | \$106.00       |
| 5            | Nonpriority Creditor's Name  |  |   | <b>V.00.00</b> |
|              | PO Box 965005<br>Orlando, FL 32896-5005                              | When was the debt incurred?                                  | Opened 04/14 Last Active 6/06/18                              |                |
|              | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                                      |                |
|              | Who incurred the debt? Check one.                                    |  |   |                |
|              | Debtor 1 only  | ☐ Contingent   |   |                |
|              | ☐ Debtor 2 only  | ☐ Unliquidated   |   |                |
|              | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                |
|              | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 |   |                |
|              | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |                |
|              | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims |   |                |
|              | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts                              |                |
|              | ☐ Yes  | Other. Specify Purchases                                     |   |                |
| 4.1<br>6     | SYNCB/WALMART  | Last 4 digits of account number                              | 9949  | \$1,775.00     |
|              | Nonpriority Creditor's Name  |  |   |                |
|              | PO Box 965024<br>Orlando, FL 32896-5024                              | When was the debt incurred?                                  | Opened 03/17 Last Active 5/27/18                              |                |
|              | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                                      |                |
|              | Who incurred the debt? Check one.                                    | <u>-</u>   | ** *  |                |
|              | Debtor 1 only  | ☐ Contingent   |   |                |
|              | Debtor 2 only  | ☐ Unliquidated   |   |                |
|              | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                |
|              |  |  |   |                |

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Purchases

Type of NONPRIORITY unsecured claim:

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

debt

■ No

☐ Yes

☐ At least one of the debtors and another

Is the claim subject to offset?

 $\square$  Check if this claim is for a community

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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| Debtor 1 Carisa J. Summerville |
|--------------------------------|
|--------------------------------|

| notified for any debts in Parts 1 or 2, do not fill                       |  | le additional creditors nere. If you do not have additional persons to be             |  |  |
|---|--|---|--|--|
| Name and Address <b>AMEX</b>  | On which entry in Part 1 or Part 2 or Line <b>4.1</b> of ( <i>Check one</i> ): | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims |  |  |
| Attn: Bankruptcy Department<br>PO Box 297871<br>Fort Lauderdale, FL 33329 |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                                 |  |  |
|   | Last 4 digits of account number  |   |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 or  | ,   |  |  |
| Bay Area Credit Servic  | Line 4.9 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims                                    |  |  |
| 4145 Shackleford Rd Ste<br>Norcross, GA 30093                             |  | Part 2: Creditors with Nonpriority Unsecured Claims                                   |  |  |
|   | Last 4 digits of account number  |   |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 did you list the original creditor?         |   |  |  |
| Bay Area Credit Service   | Line 4.11 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims                                    |  |  |
| Bankruptcy Dept.<br>1901 W 10th Street<br>Antioch, CA 94509-1380          |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                                 |  |  |
|   | Last 4 digits of account number  |   |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 or  | did you list the original creditor?   |  |  |
| Cap One   | Line 4.2 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims                                    |  |  |
| 10700 Capital One Way<br>Richmond, VA 23060                               |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                                 |  |  |
| Meninona, VA 23000  | Last 4 digits of account number  |   |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 or  | did you list the original creditor?   |  |  |
| Comenity Bank/Carsons   | Line 4.4 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims                                    |  |  |
| 3100 Easton Square PI.<br>Columbus, OH 43219                              |  | Part 2: Creditors with Nonpriority Unsecured Claims                                   |  |  |
|   | Last 4 digits of account number  |   |  |  |
|   |  |   |  |  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim     |
|-----------------------|-----|---|-----|-----------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total                 |     |   |     |                 |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|                       |     |   |     | Total Claim     |
|                       | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims          |     |   |     |                 |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|                       | 6h. |   | 6h. | \$<br>0.00      |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>14,364.00 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>14,364.00 |

|                        |                          | 1700.111116       |             |                       |
|------------------------|--------------------------|-------------------|-------------|-----------------------|
| Fill in this infor     | mation to identify your  | case:             |             |                       |
| Debtor 1               | Carisa J. Summe          | rville            |             |                       |
|                        | First Name               | Middle Name       | Last Name   |                       |
| Debtor 2               |                          |                   |             |                       |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name   |                       |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                       |
| Case number (if known) |                          |                   |             | ☐ Check if this is an |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                                |   |                   |   |
| 0   | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     | J.,       |                                | State   |                   |   |

|   |   | Docume  | ent Page 27 d   | of <u>52</u>   |   |
|---|---|---|---|--|---|
| Fill in this  | information to identify your  | case:   |   |  |   |
| Debtor 1  | Carisa J. Summe   | rvillo  |   |  |   |
| Debioi i  | First Name  | Middle Name   | Last Name   |  |   |
| Debtor 2  |   |   |   |  |   |
| (Spouse if, fili  | ng) First Name  | Middle Name   | Last Name   |  |   |
| United Sta  | ates Bankruptcy Court for the:  | NORTHERN DISTRICT   | OF ILLINOIS   |  |   |
| 0   | L   |   |   | _  |   |
| Case num<br>(if known)  | ber   |   |   |  | ☐ Check if this is an   |
| ()  |   |   |   |  | amended filing  |
| Codebtors Decople are ill it out, a Jour name  1. Do  No Yes  2. With | e filing together, both are equand number the entries in the eand case number (if known you have any codebtors? (If | are also liable for any debially responsible for supple boxes on the left. Attack ). Answer every question you are filing a joint case, | olying correct informant the Additional Page of the Addition | tion. If more space is reto this page. On the to e as a codebtor.  ry? (Community propen | ty states and territories include   |
| in line<br>Form<br>out C  | e 2 again as a codebtor only<br>106D), Schedule E/F (Officia<br>olumn 2.  | if that person is a guaran  | tor or cosigner. Make   | sure you have listed t<br>06G). Use Schedule D,  | ng with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z  | IP Code   |   | Column 2: The cre<br>Check all schedule  | editor to whom you owe the debt es that apply:  |
| 3.1   |   |   |   | ☐ Schedule D, lir  | 00  |
|   | Name  |   |   | ☐ Schedule D, III ☐ Schedule E/F,  |   |
|   |   |   |   | ☐ Schedule G, lir  |   |
| _   |   |   |   | — Ochicadic G, III   | <u> </u>  |
|   | Number Street<br>City   | State   | ZIP Code  |  |   |
|   |   |   |   | Полит  |   |
| 3.2   | Name  |   |   | Schedule D, lir  |   |
|   |   |   |   | ☐ Schedule E/F,  |   |
|   |   |   |   | ☐ Schedule G, lir  | ıe  |
|   | Number Street   |   |   | <del>_</del>   |   |
|   | City  | State   | ZIP Code  |  |   |

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|            | I in this information to identify your o   | case:  |   |  |
|------------|--|--|---|--|
| De         | ebtor 1 Carisa J. Su   | ımmerville   |   |  |
|            | ebtor 2  |  |   |  |
| Un         | nited States Bankruptcy Court for the  | e: NORTHERN DISTRIC  | CT OF ILLINOIS  |  |
|            | ase number<br>known)   |  | -   | Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:            |
| 0          | Official Form 106I   |  |   | MM / DD/ YYYY  |
| S          | chedule I: Your Inc  | ome  |   | 12/15  |
| atta       | ach a separate sheet to this form.  It 1: Describe Employment  |  |   | on about your spouse. If more space is needed, it case number (if known). Answer every question  Debtor 2 or non-filing spouse |
|            |  |  |   |  |
|            | If you have more than one job,   | Employment status  | ■ Employed  | ■ Employed   |
|            | attach a separate page with information about additional   | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul>   | ■ Employed □ Not employed  |
|            | attach a separate page with  | Employment status Occupation   | _ ` `   | _  |
|            | attach a separate page with information about additional   |  | ☐ Not employed  | ☐ Not employed   |
|            | attach a separate page with information about additional employers.  Include part-time, seasonal, or   | Occupation   | □ Not employed  Home Care Aide  | non filing spouse  |
|            | attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student   | Occupation Employer's name   | □ Not employed  Home Care Aide  Gareda  8551 S Stony Island Chicago, IL   | non filing spouse  ComEd  P.O. Box 805379  |
| Pa         | attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student   | Occupation Employer's name Employer's address How long employed t  | □ Not employed  Home Care Aide  Gareda  8551 S Stony Island Chicago, IL   | non filing spouse  ComEd  P.O. Box 805379  |
| Est        | attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  | Occupation Employer's name Employer's address How long employed to   | □ Not employed  Home Care Aide  Gareda  8551 S Stony Island Chicago, IL  here? 3 years                                      | non filing spouse  ComEd  P.O. Box 805379  |
| Est<br>spo | attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Give Details About Motuse unless you are separated. | Occupation Employer's name Employer's address How long employed to the inthis line inthis form. If the ore than one employer, co | □ Not employed  Home Care Aide  Gareda  8551 S Stony Island Chicago, IL  there? 3 years  you have nothing to report for any | non filing spouse  ComEd  P.O. Box 805379 Chicago, IL 60603  |

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 1,917.00 \$ 4,633.00
3. +\$ 0.00 +\$ 0.00
4. \$ 1,917.00 \$ 4,633.00

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| Deb | tor 1                         | Carisa J. Summerville   | _         | С                   | ase r     | number (if known) |               |                          |                     |
|-----|-------------------------------|---|-----------|---------------------|-----------|-------------------|---------------|--------------------------|---------------------|
|     |                               |   |           |                     | For I     | Debtor 1          |               | Debtor 2 or              |                     |
|     | Con                           | by line 4 here  | 4.        |                     | \$        | 1,917.00          | non-          | filing spouse<br>4,633.0 |                     |
|     | COL                           | y line 4 nere   | 4.        |                     | Ψ         | 1,317.00          | Ψ             | 4,033.0                  | <u>u</u>            |
| 5.  | List                          | all payroll deductions:   |           |                     |           |                   |               |                          |                     |
|     | 5a.                           | Tax, Medicare, and Social Security deductions   | 5a        | ١.                  | \$        | 327.00            | \$            | 788.0                    | 0                   |
|     | 5b.                           | Mandatory contributions for retirement plans  | 5b        |                     | \$        | 0.00              | \$            | 0.0                      | 0                   |
|     | 5c.                           | Voluntary contributions for retirement plans  | 5c        |                     | \$        | 0.00              | \$            | 0.0                      |                     |
|     | 5d.                           | Required repayments of retirement fund loans  | 5d        |                     | \$        | 0.00              | \$            | 0.0                      |                     |
|     | 5e.                           | Insurance   | 5e<br>5f. |                     | \$        | 0.00              | \$            | 0.0                      |                     |
|     | 5f.<br>5g.                    | Domestic support obligations Union dues   | 5ı.<br>5g |                     | \$<br>    | 0.00<br>64.00     | \$            | 0.0                      |                     |
|     | 5g.<br>5h.                    | Other deductions. Specify: MutBFT Asst.   | 5h        | ,                   | \$—       | 0.00              | *             | 57.0                     |                     |
|     | 011.                          | UW_Contrib  |           |                     | \$        | 0.00              | \$            | 7.0                      |                     |
| 6.  | Add                           | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | —<br>6.   |                     | · —<br>\$ | 391.00            | \$            | 852.0                    |                     |
| 7.  |                               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        | ;                   | \$        | 1,526.00          | \$            | 3,781.0                  |                     |
| 8.  | List<br>8a.                   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross   |           |                     |           | · ·               |               |                          | _                   |
|     |                               | receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a        |                     | \$        | 0.00              | \$            | 0.0                      | 0                   |
|     | 8b.                           | Interest and dividends  | 8b        |                     | \$<br>    | 0.00              | \$<br>        | 0.0                      |                     |
|     | 8c.                           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |           | •                   | Ψ         | 0.00              | Ψ             |                          | <u> </u>            |
|     |                               | settlement, and property settlement.  | 8c        | :.                  | \$        | 0.00              | \$            | 0.0                      | 0                   |
|     | 8d.                           | Unemployment compensation   | 8d        | l.                  | \$        | 0.00              | \$            | 0.0                      | 0                   |
|     | 8e.                           | Social Security   | 8e        | <del>)</del> .      | \$        | 0.00              | \$            | 0.0                      | 0                   |
|     | 8f.                           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.       |                     | \$        | 0.00              | \$            | 0.0                      |                     |
|     | 8g.<br>8h.                    | Pension or retirement income  | 8g<br>8h  | , -                 | \$        | 0.00              | , <u>\$</u> _ | 0.0                      |                     |
|     | OII.                          | Other monthly income. Specify:  | 011       | ı. <del>+</del><br> | Φ         | 0.00              | + » <u> </u>  | 0.0                      | <u>U</u>            |
| 9.  | Add                           | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | \$                  |           | 0.00              | \$            | 0.                       | 00                  |
| 10  | Cal                           | culate monthly income. Add line 7 + line 9.   | 10.       | \$                  | 1         | ,526.00 + \$      | 37            | 81.00 = \$               | 5,307.00            |
|     |                               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |           | Ψ_                  | •         | 1 -               | 0,.           | <u> </u>                 | 0,007100            |
| 11. | Stat<br>Inclu<br>othe<br>Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify: | r depe    |                     |           | •                 |               | chedule J.               | 0.00                |
| 12. |                               | I the amount in the last column of line 10 to the amount in line 11. The re-<br>e that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certa</i><br>lies  |           |                     |           |                   |               | 12. \$                   | 5,307.00            |
| 13. | Do                            | you expect an increase or decrease within the year after you file this form   | 1?        |                     |           |                   |               | Comb                     | oined<br>hly income |
|     |                               | No.   |           |                     |           |                   |               |                          |                     |
|     |                               | Yes. Explain:   |           |                     |           |                   |               |                          |                     |

|         | in this information to identify your case:   |  |                                  |  |   |
|---------|--|--|----------------------------------|--|---|
| Deb     | Carisa J. Summerville  |  | Che                              | eck if this is:                              |   |
|         |  |  |                                  | An amended filing                            |   |
|         | otor 2 ouse, if filing)  |  | .   🗆                            | A supplement show<br>13 expenses as of       | wing postpetition chapter the following date: |
| (Орс    | ouse, ir ming/   |  |                                  | To expended do of                            | the following date.                           |
| Unit    | ted States Bankruptcy Court for the: NORTHERN DISTRIC  | CT OF ILLINOIS   |                                  | MM / DD / YYYY                               |   |
| 1       | se number  |  |                                  |  |   |
| (If kr  | (nown)   |  |                                  |  |   |
| Of      | fficial Form 106J  |  |                                  |  |   |
|         | chedule J: Your Expenses   |  |                                  |  | 12/1  |
| Be info | as complete and accurate as possible. If two marrie<br>ormation. If more space is needed, attach another s<br>mber (if known). Answer every question.              | ed people are filing togethe<br>heet to this form. On the to | r, both are eq<br>p of any addit | ually responsible fo<br>ional pages, write y | or supplying correct<br>your name and case    |
| Pari    | rt 1: Describe Your Household Is this a joint case?  |  |                                  |  |   |
| ١.      | ·  |  |                                  |  |   |
|         | No. Go to line 2.  | 40   |                                  |  |   |
|         | ☐ Yes. Does Debtor 2 live in a separate househol   | u ?  |                                  |  |   |
|         | □ No   | 2. Evnanga for Congreta III                                  | augabald of Da                   | htor O                                       |   |
|         | ☐ Yes. Debtor 2 must file Official Form 106J-  | z, Expenses for Separate Ho                                  | buseriola oi De                  | DIOI 2.                                      |   |
| 2.      | Do you have dependents? ☐ No   |  |                                  |  |   |
|         | Do not list Debtor 1 and Debtor 2. Fill out this info each depende   | •  |                                  | Dependent's age                              | Does dependent live with you?                 |
|         | Do not state the   |  |                                  |  | □ No  |
|         | dependents names.  | Son  |                                  | 15   | ■ Yes   |
|         |  |  |                                  |  | □ No  |
|         |  | Daughter   |                                  | 16   | ■ Yes   |
|         |  |  |                                  |  | □ No  |
|         |  |  |                                  |  | ☐ Yes   |
|         |  |  |                                  |  | □ No  |
| 0       | Barrara area de la   |  |                                  |  | ☐ Yes   |
| 3.      | Do your expenses include expenses of people other than yourself and your dependents?   |  |                                  |  |   |
| exp     | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing doenses as of a date after the bankruptcy is filed. If the plicable date. |  |                                  |  |   |
| the     | lude expenses paid for with non-cash government a<br>value of such assistance and have included it on S<br>ficial Form 106I.)                                      |  |                                  | Your exp                                     | enses   |
| 4.      | The rental or home ownership expenses for your payments and any rent for the ground or lot.  | residence. Include first mort                                | gage<br>4.                       | \$   | 900.00  |
|         | If not included in line 4:   |  |                                  |  |   |
|         | 4a. Real estate taxes  |  | 4a.                              | \$   | 0.00  |
|         | 4b. Property, homeowner's, or renter's insurance   |  | 4b.                              | ·  | 0.00  |
|         | 4c. Home maintenance, repair, and upkeep expens  | ses  | 4c.                              | · ———  | 125.00  |
|         | 4d. Homeowner's association or condominium due   |  | 4d.                              |  | 0.00  |
| 5       | Additional mortgage payments for your residence  | such as home equity loans                                    | 5                                | 2  | 0.00  |

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| Debtor 1       | Carisa J. Summe             | erville  | Case num                | nber (if known)    |                         |
|----------------|-----------------------------|--|-------------------------|--------------------|-------------------------|
| 6. <b>Util</b> | ties:                       |  |                         |                    |                         |
| 6a.            | Electricity, heat, nat      | ural gas   | 6a.                     | \$                 | 300.00                  |
| 6b.            | Water, sewer, garba         | •  | 6b.                     |                    | 75.00                   |
| 6c.            |                             | ne, Internet, satellite, and cable services  | 6c.                     | ·                  | 409.00                  |
| 6d.            | Other. Specify:             | ne, internet, satellite, and cable services  | 6d.                     | ·                  | 0.00                    |
|                | d and housekeeping          | cumpline   | od.<br>7.               | ·                  |                         |
|                |                             |  |                         | ·                  | 900.00                  |
| _              | dcare and children's        |  | 8.                      | ·                  | 300.00                  |
|                | hing, laundry, and d        |  | 9.                      | · ·                | 225.00                  |
|                | sonal care products         |  | 10.                     | ·                  | 225.00                  |
|                | ical and dental expe        |  | 11.                     | \$                 | 208.00                  |
|                |                             | as, maintenance, bus or train fare.  | 12.                     | \$                 | 560.00                  |
|                | ot include car paymer       |  |                         | · -                |                         |
|                |                             | creation, newspapers, magazines, and book  |                         | · ·                | 150.00                  |
|                |                             | and religious donations  | 14.                     | \$                 | 30.00                   |
|                | rance.                      |  | 00                      |                    |                         |
|                | Life insurance of           | deducted from your pay or included in lines 4 or   |                         | <b>c</b>           | 0.00                    |
|                |                             |  | 15a.                    | ·                  | 0.00                    |
|                | Health insurance            |  | 15b.                    | ·                  | 200.00                  |
|                | Vehicle insurance           |  | 15c.                    |                    | 175.00                  |
|                | Other insurance. Sp         |  | 15d.                    | \$                 | 0.00                    |
| _              |                             | es deducted from your pay or included in lines 4   |                         | •                  |                         |
| Spe            | •                           |  | 16.                     | \$                 | 0.00                    |
|                | allment or lease payr       |  |                         | •                  |                         |
|                | Car payments for Vo         |  | 17a.                    | *                  | 0.00                    |
|                | Car payments for Ve         | ehicle 2   | 17b.                    | ·                  | 0.00                    |
|                | Other. Specify:             |  | 17c.                    | ·                  | 0.00                    |
| 17d            | Other. Specify:             |  | 17d.                    | \$                 | 0.00                    |
|                |                             | ny, maintenance, and support that you did no   |                         | •                  | 0.00                    |
|                |                             | on line 5, Schedule I, Your Income (Official F   |                         | · -                | 0.00                    |
|                |                             | ke to support others who do not live with yo   |                         | \$                 | 0.00                    |
| Spe            | ·                           |  | 19.                     |                    |                         |
|                |                             | nses not included in lines 4 or 5 of this form   |                         |                    |                         |
|                | Mortgages on other          | property   | 20a.                    |                    | 0.00                    |
| 20b            | Real estate taxes           |  | 20b.                    | \$                 | 0.00                    |
| 20c            | Property, homeown           | er's, or renter's insurance  | 20c.                    | \$                 | 0.00                    |
| 20d            | Maintenance, repair         | , and upkeep expenses  | 20d.                    | \$                 | 0.00                    |
| 20e            | Homeowner's assoc           | ciation or condominium dues  | 20e.                    | \$                 | 0.00                    |
| . Oth          | er: Specify: Husba          | ands credit card Payments  | 21.                     | +\$                | 525.00                  |
|                | <del></del>                 | <del>-</del>   |                         |                    |                         |
|                | culate your monthly e       | •  |                         |                    | _                       |
|                | Add lines 4 through 2       |  |                         | \$                 | 5,307.00                |
| 22b            | Copy line 22 (monthly       | y expenses for Debtor 2), if any, from Official Fo   | orm 106J-2              | \$                 |                         |
| 22c            | Add line 22a and 22b        | . The result is your monthly expenses.   |                         | \$                 | 5,307.00                |
|                |                             |  |                         |                    | ,                       |
|                | culate your monthly r       |  | - T                     | •                  |                         |
|                |                             | combined monthly income) from Schedule I.  | 23a.                    |                    | 5,307.00                |
| 23b            | Copy your monthly           | expenses from line 22c above.  | 23b.                    | -\$                | 5,307.00                |
|                |                             |  |                         |                    |                         |
| 23c            |                             | nly expenses from your monthly income.   | 23c.                    | \$                 | 0.00                    |
|                | The result is your m        | ontnly net income.   | 23C.                    | Ψ                  | 0.00                    |
| 1 De           | ou ovnoot on inc            | oo or doorooo in vour eynenees within the  | oor ofter you file this | o form?            |                         |
|                |                             | se or decrease in your expenses within the yor inish paying for your car loan within the year or do yo |                         |                    | e or decrease because c |
|                | fication to the terms of yo |  | ou onpoor your moregage | paymont to moreast | o or accrease pecause ( |
| <b>I</b>       | •                           | · · · · · · · · · · · · · · · · · · ·  |                         |                    |                         |
|                |                             |  |                         |                    |                         |
|                | es. Explain l               | nere:  |                         |                    |                         |

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|                                       |   |                            |                           |                   | 1  |
|---------------------------------------|---|----------------------------|---------------------------|-------------------|--|
| Fill in this inforn                   | nation to identify your   | case:                      |                           |                   |  |
| Debtor 1                              | Carisa J. Summe   |                            |                           |                   |  |
| Dahtar 0                              | First Name  | Middle Name                | Last Name                 |                   |  |
| Debtor 2<br>(Spouse if, filing)       | First Name  | Middle Name                | Last Name                 |                   |  |
| United States Bar                     | nkruptcy Court for the:   | NORTHERN DISTRIC           | T OF ILLINOIS             |                   |  |
| Case number(if known)                 |   |                            |                           |                   | ☐ Check if this is an amended filing   |
| Official Form                         |   |                            |                           |                   |  |
| Declarat                              | ion About a   | an Individua               | l Debtor's So             | chedules          | 12/15  |
| obtaining money<br>years, or both. 18 |   | in connection with a ban   |                           |                   | tement, concealing property, or<br>00, or imprisonment for up to 20          |
| Did you pay                           | y or agree to pay som   | eone who is NOT an atto    | rney to help you fill out | bankruptcy forms? |  |
| ■ No                                  |   |                            |                           |                   |  |
| ☐ Yes. N                              | lame of person  |                            |                           |                   | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
| that they are                         | ity of perjury, I declare<br>true and correct.<br>sa J. Summerville | e that I have read the sur | x                         |                   | ion and  |
|                                       | J. Summerville<br>e of Debtor 1                                     |                            | Signature o               | f Debtor 2        |  |

Date \_\_\_\_\_

Date July 11, 2018

|                 |                       | ation to identify you                                  |  |   |  |   |
|-----------------|-----------------------|--|--|---|--|---|
| Debt            | or 1                  | Carisa J. Summe  | erville  Middle Name                       | Last Name   |  |   |
| Debt            |                       | -  |  |   |  |   |
|                 | se if, filing)        | First Name   | Middle Name                                | Last Name   |  |   |
| Unite           | ed States Bar         | kruptcy Court for the:                                 | NORTHERN DISTRICT (                        | OF ILLINOIS   |  |   |
| Case<br>(if kno | e number<br>wn)       |  |  |   | _  | Check if this is an amended filing                    |
| Sta<br>Be as    | s complete a          | of Financial And accurate as possione space is needed, | attach a separate sheet to                 | are filing together, both are                         | ankruptcy<br>equally responsible for sup<br>additional pages, write yo |   |
| Part            |                       | ). Answer every ques<br>etails About Your Ma           | stion.<br>Irital Status and Where You      | Lived Before  |  |   |
|                 |                       | current marital statu                                  |  |   |  |   |
|                 | ■ Married □ Not marr  | ried   |  |   |  |   |
| 2.              | During the la         | st 3 years, have you                                   | lived anywhere other than                  | where you live now?                                   |  |   |
|                 | ■ No<br>□ Yes. List   | all of the places you l                                | ived in the last 3 years. Do no            | ot include where you live now                         |  |   |
|                 | Debtor 1 Pri          | or Address:  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |
| states          | s and territorie ■ No | es include Arizona, Ca                                 |  | vada, New Mexico, Puerto Ri                           | ity property state or territor<br>co, Texas, Washington and V          |   |
| Part            |                       | n the Sources of You                                   | · ·  | iliciai i olili 10011).                               |  |   |
| <b>4.</b>       | Did you have          | e any income from en<br>I amount of income yo          |  | all businesses, including part-                       |  | ndar years?   |
|                 | □ No<br>■ Yes. Fill   | in the details.  |  |   |  |   |
|                 |                       |  | Debtor 1                                   |   | Debtor 2   |   |
|                 |                       |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                             | Gross income<br>(before deductions<br>and exclusions) |
|                 |                       | of current year until<br>I for bankruptcy:             | ■ Wages, commissions, bonuses, tips        | \$11,500.00   | ☐ Wages, commissions, bonuses, tips                                    |   |
|                 |                       |  | ☐ Operating a business                     |   | ☐ Operating a business   |   |

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Debtor 1 Carisa J. Summerville

| For last calendar year:<br>(January 1 to December 31, 2017  | Debtor 1  Sources of income Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | <b>Sources of income</b><br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions) |
|---|--|---|---|---|
|   | Check all that apply.  | (before deductions and exclusions)  |   | (before deductions                                    |
|   | Wages commissions  |   |   |   |
|   | bonuses, tips  | ■ Wages, commissions, bonuses, tips \$70,157.00   |   |   |
|   | ☐ Operating a business   |   | ☐ Operating a business  |   |
| For the calendar year before that (January 1 to December 31, 2016   |  | \$108,176.00  | ☐ Wages, commissions, bonuses, tips   |   |
|   | ☐ Operating a business   |   | ☐ Operating a business  |   |
| and other public benefit payme<br>winnings. If you are filing a joint   | rhether that income is taxable. Exants; pensions; rental income; interit case and you have income that y income from each source separat   | est; dividends; money collec<br>ou received together, list it c   | ted from lawsuits; royalties; aronly once under Debtor 1.   |   |
|   | Debtor 1   |   | Debtor 2  |   |
|   | Sources of income Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)   | Sources of income<br>Describe below.  | Gross income<br>(before deductions<br>and exclusions) |
| Part 3: List Certain Payments   | You Made Before You Filed for E  | Bankruptcy  |   |   |
| □ No. Neither Debtor 1 n individual primarily to individual primarily to During the 90 days □ No. Go to lii □ Yes List belies paid the not incles subject to adjustre Subject to adjustre During the 90 days ■ No. Go to liii□ Yes List believed. | ow each creditor to whom you paid at creditor. Do not include paymen ude payments to an attorney for the ment on 4/01/19 and every 3 years or 2 or both have primarily consubefore you filed for bankruptcy, did no 7. | d you pay any creditor a total d a total of \$6,425* or more into the form of t | I of \$6,425* or more?  n one or more payments and lations, such as child support a or after the date of adjustmen  I of \$600 or more? | the total amount you and alimony. Also, do t.         |
|   | y for this bankruptcy case.  | ongations, such as office supp  |   | , ,   |

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Case number (if known) Document Debtor 1 Carisa J. Summerville

| 7.  | Within 1 year before you filed for bankrupto Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen<br>control, or owner of 20% o | eral partners; partne<br>r more of their voting | rships of which<br>securities; and | n you are a genera<br>d any managing a | al partner; corporations<br>agent, including one for |
|-----|---|--|---|------------------------------------|--|--|
|     | ☐ Yes. List all payments to an insider.   |  |   |                                    |  |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                               | Amount you                         |  | this payment   |
| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cos   |  | ments or transfer a                             | ny property o                      | n account of a d                       | ebt that benefited an                                |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>   |  |   |                                    |  |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                               | Amount you                         |  | this payment   |
| Pai | rt 4: Identify Legal Actions, Repossession  | s. and Foreclosures  | para  | <b>J J</b>                         |  |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                       | cy, were you a party in an                                 |   |                                    |  |  |
|     | Case title Case number  | Nature of the case   | Court or agency                                 |                                    | Status of th                           | ne case  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address                     |  | erty repossessed, fo                            |                                    | rnished, attached                      | d, seized, or levied?  Value of the property         |
|     |   | Explain what happened                                      | i   |                                    |  | property   |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan No Yes. Fill in the details.  Creditor Name and Address  |  | _   |                                    | tion, set off any a                    | amounts from your                                    |
|     | Creditor Name and Address   | Describe the action the                                    | creditor took                                   |                                    | ken                                    | Amount   |
|     | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No Yes List Certain Gifts and Contributions  |  | erty in the possessi                            | on of an assiç                     | gnee for the ben                       | efit of creditors, a                                 |
| 13. |   | tcy, did you give any gifts                                | s with a total value                            | of more than                       | \$600 per person                       | ?  |
|     | Yes. Fill in the details for each gift.   |  |   |                                    |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts   |   |                                    | ates you gave<br>e gifts               | Value  |
|     | Person to Whom You Gave the Gift and Address:   |  |   |                                    |  |  |

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| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No  Yes. Fill in the details for each gift or contribution.  |   |  |                        |
|-----|---|---|--|------------------------|
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  | Describe what you contributed   | Dates you contributed  | Value                  |
| Par | t 6: List Certain Losses  |   |  |                        |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?   |   |  |                        |
|     | ■ No □ Yes. Fill in the details.  |   |  |                        |
|     | how the loss occurred Incl  | cribe any insurance coverage for the lude the amount that insurance has paid. Irance claims on line 33 of Schedule A/B. | List pending loss  | Value of property lost |
| Par | t 7: List Certain Payments or Transfers   |   | , ,  |                        |
|     | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.   |   |  |                        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and value of any propertransferred  | Date payment or transfer was made  | Amount of payment      |
|     | David M. Siegel & Associates<br>790 Chaddick Drive<br>Wheeling, IL 60090  | Attorney Fees   | 7/2/18   | \$400.00               |
|     | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.   |   |  |                        |
|     | Yes. Fill in the details.   |   |  |                        |
|     | Person Who Was Paid<br>Address  | Description and value of any propertransferred  | perty Date payment<br>or transfer was<br>made                              | Amount of payment      |
|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |   |  |                        |
|     | ☐ Yes. Fill in the details.   |   |  |                        |
|     | Person Who Received Transfer<br>Address  Person's relationship to you   | Description and value of property transferred   | Describe any property or<br>payments received or debts<br>paid in exchange | Date transfer was made |

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Debtor 1 Carisa J. Summerville

| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-productions)  No  |  | ny property to a  | a self-settle | ed trust or similar device                           | e of which you are a                   | l  |
|-----|--|--|-------------------|---------------|--|--|----|
|     | ☐ Yes. Fill in the details.  |  |                   |               |  |  |    |
|     | Name of trust  | Description and  | value of the pro  | operty trans  | sferred  | Date Transfer war                      | as |
| Pa  | rt 8: List of Certain Financial Accounts, Ins  | truments, Safe Depos   | it Boxes, and S   | torage Uni    | ts   |  |    |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No | r other financial accou  | ınts; certificate | s of deposi   |  | ,                                      | •  |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number                                      | Type of acco      | ount or       | Date account was closed, sold, moved, or transferred | Last balan<br>before closing<br>transi | or |
| 21. | Do you now have, or did you have within 1 yeash, or other valuables?   | ear before you filed fo  | r bankruptcy, a   | any safe de   | posit box or other depo                              | sitory for securities                  | ,  |
|     | ■ No □ Yes. Fill in the details.   |  |                   |               |  |  |    |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                   | Describe      | the contents   | Do you still have it?                  |    |
| 22. | ■ No   | r place other than you   | r home within     | 1 year befo   | re you filed for bankrup                             | tcy?                                   |    |
|     | Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                   | Describe      | the contents   | Do you still have it?                  |    |
| Pa  | rt 9: Identify Property You Hold or Control f  | for Someone Else   |                   |               |  |  |    |
| 23. | Do you hold or control any property that son for someone.  | neone else owns? Inc   | lude any prope    | rty you bor   | rowed from, are storing                              | for, or hold in trust                  | :  |
|     | ■ No □ Yes. Fill in the details.   |  |                   |               |  |  |    |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the pro<br>(Number, Street, City,<br>Code)                  |                   | Describe      | the property   | Val                                    | ue |
|     | rt 10: Give Details About Environmental Info   | rmation  |                   |               |  |  |    |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into th regulations controlling the cleanup of these                               | e air, land, soil, surfac  | e water, groun    |               |  |  | or |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos  | as defined under any   |                   | law, wheth    | ner you now own, opera                               | te, or utilize it or us                | ed |
|     | Hazardous material means anything an envir   | ronmental law defines  | as a hazardou     | s waste, ha   | azardous substance, tox                              | ic substance,                          |    |

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Carisa J. Summerville

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |                                     |                    |  |  |  |  |
|-----|--|--|-------------------------------------|--------------------|--|--|--|--|
|     | ■ No □ Yes. Fill in the details.   |  |                                     |                    |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it   | Date of notice     |  |  |  |  |
| 25. | Have you notified any governmental unit of any i   | release of hazardous material?   |                                     |                    |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                     |                    |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it   | Date of notice     |  |  |  |  |
| 26. | Have you been a party in any judicial or administ  | trative proceeding under any envir   | onmental law? Include settlements a | and orders.        |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details.  |  |                                     |                    |  |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                  | Status of the case |  |  |  |  |
| Par | 11: Give Details About Your Business or Conn   | nections to Any Business   |                                     |                    |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, d  | id you own a business or have any  | of the following connections to any | / business?        |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                      |  |                                     |                    |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |                                     |                    |  |  |  |  |
|     | ☐ A partner in a partnership   |  |                                     |                    |  |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |  |                                     |                    |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |                                     |                    |  |  |  |  |
|     | No. None of the above applies. Go to Part 12.  |  |                                     |                    |  |  |  |  |
|     | Yes. Check all that apply above and fill in th   | e details below for each business.   |                                     |                    |  |  |  |  |
|     |  | scribe the nature of the business  | Employer Identification number      |                    |  |  |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)  | · · · · · · · · · · · · · · · · · · ·                                      |                                     |                    |  |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, d institutions, creditors, or other parties.                                       | id you give a financial statement to                                       | o anyone about your business? Inclu | ude all financial  |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details below.  |  |                                     |                    |  |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)  |  |                                     |                    |  |  |  |  |
|     |  |  |                                     |                    |  |  |  |  |

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Debtor 1 Carisa J. Summerville

| Part 12: Sign Below                            |  |                          |
|--|--|--------------------------|
| are true and correct. I understand that m      | nt of Financial Affairs and any attachments, and I declare under paking a false statement, concealing property, or obtaining mones up to \$250,000, or imprisonment for up to 20 years, or both. |                          |
| /s/ Carisa J. Summerville                      |  |                          |
| Carisa J. Summerville<br>Signature of Debtor 1 | Signature of Debtor 2  |                          |
| Date July 11, 2018                             | Date   |                          |
| _ ' ' '  | Statement of Financial Affairs for Individuals Filing for Bankrupt   | tcy (Official Form 107)? |
| ■ No   |  |                          |
| Yes  |  |                          |
| Did you pay or agree to pay someone wh         | o is not an attorney to help you fill out bankruptcy forms?  |                          |
| ■ No   |  |                          |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

connection

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| Fill in this inform                    | nation to identify y                     | our case:                                      |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| Debtor 1                               | Carisa J. Sum First Name                 | Middle Name                                    | Last Name  |  |
| Debtor 2<br>(Spouse if, filing)        | First Name                               | Middle Name                                    | Last Name  |  |
|  |  |  |  |  |
| United States Bar                      | nkruptcy Court for th                    | e: NORTHERN DIS                                | FRICT OF ILLINOIS  |  |
| Case number                            |  |  |  | ☐ Check if this is an                                    |
| (ii kilowii)                           |  |  |  | Check if this is an amended filing                       |
|  |  |  |  |  |
| Official For                           | m 108                                    |  |  |  |
| -                                      |  | ion for Indiv                                  | iduals Filing Under Char   | nter 7   |
| Statemen                               | it of interio                            | ion for mary                                   | iddais i iiiig Oildei Oila   | oter / 12/15   |
| If you are an indiv                    | idual filing under                       | chapter 7, you must fil                        | out this form if:  |  |
| creditors have                         | claims secured by                        | your property, or                              |  |  |
|  |  | ty and the lease has n                         | ot expired.<br>you file your bankruptcy petition or by the dat   | to got for the meeting of graditors                      |
| whichev                                | er is earlier, unles                     |  | e time for cause. You must also send copies to   |  |
| on the f                               | orm                                      |  |  |  |
|  | ople are filing toge<br>d date the form. | ther in a joint case, bo                       | th are equally responsible for supplying corre   | ct information. Both debtors must                        |
| -                                      |  |  | and desired and a second and a second and a second assets of the second and a second a second and a second an | 0  |
|  |  | ssible. If more space is<br>number (if known). | needed, attach a separate sheet to this form.  | On the top of any additional pages,                      |
| Dant 4. Lint Vo                        | Cue ditene Mile e                        | lava Caavaad Claima                            |  |  |
| Part 1: List Yo                        | ur Creditors who                         | Have Secured Claims                            |  |  |
| 1. For any credito information bel     | •  | n Part 1 of Schedule D                         | : Creditors Who Have Claims Secured by Prop  | perty (Official Form 106D), fill in the                  |
|  | ditor and the prope                      | rty that is collateral                         | What do you intend to do with the property secures a debt?   | that Did you claim the property as exempt on Schedule C? |
|  |  |  |  |  |
| Creditor's W                           | ells Fargo HM M                          | ortgage  | ☐ Surrender the property.  | □No  |
| name:                                  | 3  |  | Retain the property and redeem it.   |  |
| Description of                         | 8722 S May St.                           | Chicago II                                     | ☐ Retain the property and enter into a  Reaffirmation Agreement.   | Yes  |
| property                               | 60620 Cook Co                            |  | Retain the property and [explain]:   |  |
| securing debt:                         |  |  | Debtor will retain collateral and contil   | nue  |
|  |  |  | to make regular payments.  |  |
| Part 2: List Yo                        | ur Unexpired Pers                        | onal Property Leases                           |  |  |
|  |  |  | in Schedule G: Executory Contracts and Unex<br>expired leases are leases that are still in effec   |  |
|  |  |  | the trustee does not assume it. 11 U.S.C. § 365  |  |
| Describe your ur                       | nexpired personal                        | nronerty leases                                |  | Will the lease be assumed?                               |
| Docorrate your ar                      | ioxpirou porociiui                       | proporty loaded                                |  | Tim the leader be decamed.                               |
| Lessor's name:<br>Description of lease | has                                      |  |  | □ No   |
| Property:                              | ☐ Yes                                    |  |  |  |
|  |  |  |  | _  |
| Lessor's name:<br>Description of lease | sed                                      |  |  | □ No   |
| Property:                              |  |  |  | ☐ Yes  |
|  |  |  |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1                             | Carisa J. Summerville  | Case number (if known)  |
|--------------------------------------|--|---|
|                                      |  |   |
| Lessor's na                          |  | □ No  |
| Description Property:                | of leased  | ☐ Yes   |
| Lessor's na                          |  | □ No  |
| Description Property:                | of leased  | ☐ Yes   |
| Lessor's na                          |  | □ No  |
| Property:                            | To leased  | ☐ Yes   |
| Lessor's name: Description of leased |  | □ No  |
| Property:                            | i oi ieaseu  | ☐ Yes   |
| Lessor's na                          |  | □ No  |
| Description Property:                | i oi leased  | ☐ Yes   |
| Part 3:                              | Sign Below   |   |
|                                      | alty of perjury, I declare that I have indicated m<br>at is subject to an unexpired lease. | rintention about any property of my estate that secures a debt and any personal |
|                                      | arisa J. Summerville   | X   |
|                                      | sa J. Summerville<br>ture of Debtor 1  | Signature of Debtor 2   |
| Date                                 | July 11, 2018  | Date  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-19408 Doc 1 Filed 07/11/18 Entered 07/11/18 13:25:27 Desc Main Document Page 46 of 52

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In r | e Carisa J. Sun   | nmerville  |  | Case No.   |                                     |                 |  |  |
|------|---|--|--|--|-------------------------------------|-----------------|--|--|
|      |   |  | Debtor(s)  | Chapter  | 7                                   |                 |  |  |
|      | DIS   | SCLOSURE OF CO   | OMPENSATION OF ATTOR   | NEY FOR DI   | EBTOR(S)                            |                 |  |  |
| 1.   | compensation paid t   | to me within one year befor  | r. P. 2016(b), I certify that I am the attorner<br>the filing of the petition in bankruptcy,<br>amplation of or in connection with the bank  | or agreed to be paid                                 | to me, for services                 |                 |  |  |
|      | For legal service   | ces, I have agreed to accept   | ;  | \$   | 1,450.00                            |                 |  |  |
|      | Prior to the fili   | ng of this statement I have  | received   | \$   | 400.00                              |                 |  |  |
|      | Balance Due   |  |  |  | 1,050.00                            |                 |  |  |
| 2.   | The source of the co  | ompensation paid to me was   | s:   |  |                                     |                 |  |  |
|      | Debtor  | ☐ Other (specify):   |  |  |                                     |                 |  |  |
| 3.   | The source of compo   | ensation to be paid to me is   | 3:   |  |                                     |                 |  |  |
|      | Debtor  | ☐ Other (specify):   |  |  |                                     |                 |  |  |
| 4.   | ■ I have not agree  | ed to share the above-disclo   | osed compensation with any other person u  | inless they are mem                                  | bers and associates                 | of my law firm. |  |  |
|      |   |  | compensation with a person or persons we of the names of the people sharing in the   |  |                                     | y law firm. A   |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |  |  |  |                                     |                 |  |  |
|      | <ul><li>b. Preparation and</li><li>c. Representation of</li><li>d. [Other provision Negotiation agreement</li></ul>             | filing of any petition, scheo<br>of the debtor at the meeting<br>as as needed]<br>ons with secured credi | and rendering advice to the debtor in dete<br>dules, statement of affairs and plan which<br>of creditors and confirmation hearing, and<br>stors to reduce to market value; exec<br>a needed; preparation and filing of n<br>d goods. | may be required; d any adjourned hea mption planning | rings thereof; ; filing of reaffirr | nation          |  |  |
| 6.   | Represen  |  | sclosed fee does not include the following n any dischargeability actions, judic proceeding.   |  | es (except in Ch                    | apter 13        |  |  |
|      |   |  | CERTIFICATION  |  |                                     |                 |  |  |
| this | I certify that the fore<br>bankruptcy proceeding  |  | nent of any agreement or arrangement for   | payment to me for r                                  | representation of the               | e debtor(s) in  |  |  |
| ,    | July 11, 2018   |  | /s/ David M. Siege   | I  |                                     |                 |  |  |
| _    | Date  |  | David M. Siegel  |  |                                     |                 |  |  |
|      |   |  | Signature of Attorney  David M. Siegel &   |  |                                     |                 |  |  |
|      |   |  | 790 Chaddick Driv  |  |                                     |                 |  |  |
|      |   |  | Wheeling, IL 6009  |  |                                     |                 |  |  |
|      |   |  | (847) 520-8100   |  |                                     |                 |  |  |
|      |   |  | Name of law firm   |  |                                     |                 |  |  |

#### **Chapter 7 Bankruptcy Retainer Agreement**

This Agreement acknowledges that the undersigned individuals(s)[Client(s)] hereby retains and employs the Law Firm of David M. Siegel & Associates, LLC [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney Fees, which may be divided into two portions, as follows:

- a) A FLAT FEE as specified in paragraph (i) will be required to complete both portions of bankruptcy representation. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation pursuant to Portion One shall begin upon execution of this Agreement. Once Client has paid at least \$400.00, has authorized an automatic payment plan arrangement and has completed all pre-bankruptcy filing requirements, the case is eligible for filing. Portion One fees include preparation, review, revision if necessary, communication with Client and all other work done prior to case filing. Portion One representation shall conclude immediately once the case is filed.
- c) Representation pursuant to Portion Two shall begin immediately after the case is filed. A separate Post-Petition Retainer Agreement shall be prepared and executed as soon as practicable after the case is filed. Portion Two fees include representation and appearance at the meeting of creditors, 2004 examination, if necessary, communication with the bankruptcy and United States' trustees, communication with creditors, review and completion of reaffirmation agreement(s) and court appearances. Portion Two representation shall conclude upon discharge or case closing. If the Client pays the entire fee before the case is filed, the attorney's representation will continue as stated above with no need for a Post-Petition Retainer Agreement.
- d) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter into an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- e) Additional Fees in Portion Two of the representation may include: \$250.00 for missed 341 meeting; \$100.00 to amend Schedules D, E and F to include creditors who were not originally provided by Client; \$25.00 for any non-sufficient /returned checks; and \$820.00 to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- f) In the event that a Client pays the flat fee in full and later elects to not proceed, the Client is entitled to a refund of the court costs and filing fees only.
- g) **Debts that are discharged**. The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different

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Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debt owed when the bankruptcy case was converted.)

h) **Debts that are not discharged**. Some of the common types of debts which are not discharged in a Chapter 7 case are: debts for most taxes; debts that are in the nature of alimony, maintenance or support; debts for student loans, debts for fines, penalties, forfeitures or criminal restitution obligations; debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated; some debts that are not properly listed by the Client; debts that the bankruptcy court specifically determines to be non-dischargeable; and debts for which the Client has given up the discharge protection by signing a reaffirmation agreement.

| i) The FLAT FEE for representation will be \$ | <u>150                                    </u> |
|---|--|
|---|--|

Client acknowledges that he or she has read this Agreement in its entirety, understands it fully, had had an opportunity to ask questions regarding this Agreement, is satisfied with it, and accepts it in its entirety.

| Date | 6 | 25- | 18 |
|------|---|-----|----|
| Daw. | _ | -   | _  |

Signed: Carisa J. Sumuerville

Date:

Signed:

Print:

Date: 6/2=/18

Signed:

Attorney for David M. Siegel & Associates, LLC

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Carisa J. Summerville                      |   | Case No.          |                          |  |  |  |  |
|-------|--|---|-------------------|--------------------------|--|--|--|--|
|       |  | Debtor(s)   | Chapter           | 7                        |  |  |  |  |
|       | VERIFICATION OF CREDITOR MATRIX            |   |                   |                          |  |  |  |  |
|       |  | Number of C   | reditors:         | 22                       |  |  |  |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor                           | rs is true and co | orrect to the best of my |  |  |  |  |
| Date: | July 11, 2018                              | /s/ Carisa J. Summerville Carisa J. Summerville Signature of Debtor |                   |                          |  |  |  |  |

AMEX
Bankruptcy Department
PO Box 981535
El Paso, TX 79998-1535

AMEX

Attn: Bankruptcy Department PO Box 297871 Fort Lauderdale, FL 33329

Bay Area Credit Servic 4145 Shackleford Rd Ste Norcross, GA 30093

Bay Area Credit Service Bankruptcy Dept. 1901 W 10th Street Antioch, CA 94509-1380

Cap One 15000 Capital One Dr Richmond, VA 23238

Cap One 10700 Capital One Way Richmond, VA 23060

Capital One 15000 Capital One Dr Richmond, VA 23238

CB/Carsons PO Box 182789 Columbus, OH 43218

CB/Overstock PO Box 182120 Columbus, OH 43218-2120

CB/Zales Po Box 182120 Columbus, OH 43218 Chase Card Po Box 15298 Wilmington, DE 19850

Comenity Bank/Carsons 3100 Easton Square Pl. Columbus, OH 43219

EMP of Chicago, LLC 4535 Dressler Road NW Canton, OH 44718

Kohl/Capital One PO Box 3115 Milwaukee, WI 53201-3115

Pendrick Capital Partners 4500 E. Cherry Creek South Dr. Denver, CO 80246

Sears/CBNA P.O. BOX 6282 Sioux Falls, SD 57117

SYNCB/AMAZON PLCC PO Box 965015 Orlando, FL 32896-5015

Syncb/Car Care Disc Tire C/O P.O BOX 965001 Orlando, FL 32896

SYNCB/Old Navy PO Box 965005 Orlando, FL 32896-5005

SYNCB/WALMART PO Box 965024 Orlando, FL 32896-5024

Wells Fargo HM Mortgage Attn: Bankruptcy Department 8480 Stagecoach Circle Frederick, MD 21701 WFHM (Wells Fargo Home Mortgage)
Bankruptcy Department
PO Box 10335
Des Moines, IA 50306